IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of)
	Dr. Steven Ericsson Zenith)
Serial No.:	09/504,327) Art Unit
Filed:	February 14, 2000) 2173
Conf. No.:	7756)
For:	INTERACTIVE MULTI MEDIA USER INTERFACE USING AFFINITY BASED CATEGORIZATION)
Examiner:	Raymond J. Bayerl)
Customer No.:	047973 (newly assigned))

PETITION UNDER C.F.R. § 1.17(a)(3) THREE (3) MONTH EXTENSION OF TIME

VIA E-FILE PETITION Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Rm Exp..: XXXXXXXXXXXXX2003

Pursuant to 37 C.F.R. § 1.136(a), it is respectfully requested that the shortened statutory period which was set for responding to the Office Action dated June 10, 2005, be extended for three (3) months from September 10, 2005 until December 10, 2005.

A O	iustment date: 11/ 5712/2006 INTEFSW 2 FC:1253	21/2006 00000494	CKHLOK 09504327 -1020.00 OP	
1	Refund-Ref: 11/21/2006	0030	036010	1
	Credit Card Refund	Total:	\$1020.00	

Payment in the amount of \$1020.00 set forth in 37 C.F.R. § 1.17(m) for filing this Petition under 37 C.F.R. § 1.137(b) will be paid by Credit Card payment option in E-Filer with RAM to cover the fees with respect to this Petition.

The Commissioner is hereby authorized to charge any fee or to credit any overpayment in connection with this Petition to Deposit Account No. 23-3178 as set forth in 37 C.F.R. § 1.17.

Dated this 9th day of June, 2006.

Respectfully submitted,

JENS C. JENKINS

Registration No. 44,803

Attorney for Applicant

Customer No. 047973

JCJ:ahy AHY0000000578V001

UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND								
1 Date of Request: 11/20/06 2 Serial/Patent # 09/504,327								
3 Please refund the following fee(s):		4 PAPER NUMBER		5 DATE FILED 6 AMOUNT				
	Filing					\$		
	Amendment		-			\$		
X	Extension of Time		WF	EE	06/09/06	\$ 1,020.00		
	Notice of Appeal/Appeal					\$		
	Petition					\$		
	Issue					\$		
	Cert of Correction/Terminal Disc	c.				\$		
	Maintenance					\$		
	Assignment					\$		
	Other					\$		
		******	7 TOTAL AMOUNT \$1,020.0			\$1,020.00		
		8 TO BE REFUNDED BY:						
10 REASON:		Treasury Check						
	Overpayment		Х	С	redit Dep	osit A/C #:		
	Duplicate Payment			9 - 2	2 /3 3	1 7 8		
Х	No Fee Due (Explanation):	(di	F (1)	10		
Exte	enison of time filed after extendable period							
11 RE	FUND REQUESTED BY:							
TYPED/PRINTED NAME: Sherry D. Brinkley TITLE: Petitions Examiner								
SIGNATURE: PHONE: 2-3204								
OFFICE: Petitions								
THIS SPACE RESERVED FOR FINANCE USE ONLY:								
APPROVED: DATE: 1/3/100								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

FORM PTO 1577 (01/90) Office of Finance Refund Branch Crystal Park One, Room 802B